

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB -5 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019586

1. Corporation Name

JUAN JOSE BONAVERA, P.A.

2. Principal Office Address

7220 S.W. 100 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33173

Country

U.S.A.

3. Mailing Office Address

19602 SUNRISE SUMMIT DR

Suite, Apt. #, etc.

City & State

SANTA CLARITA CA

Zip

91351

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/2000

5. FEI Number

65-0986267

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BONAVERA, JUAN JOSE

100004916671

Street Address (P.O. Box Number is Not Acceptable)

7220 S.W. 100 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Juan Jose Bonavera
REGISTERED AGENT MUST SIGN

Date 01-30-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BONAVERA, JUAN JOSE	19602 SUNRISE SUMMIT DR	SANTA CLARITA CA 91351

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Juan Jose Bonavera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN JOSE BONAVERA

01-30-02

Date

Daytime Phone #

(661)424-1385

CR2E081 (9/01)